

**STATE OF NEBRASKA EMERGENCY RESPONSE COMMISSION
APPLICATION FOR HMEP PLANNING MINI GRANT**

Name of LEPC:

Date:

LEPC Mailing Address:

LEPC Contact Person:

Phone:

Federal Tax ID Number:

Mini Grant Application Amount (in \$):

Description of Project:

Signature of LEPC Chairperson:

Date:

~ For NEMA Use Only ~

STATE REVIEW PROCESS

Date:

Approved: _____ If Approved, Amount Awarded: _____ Disapproved: _____

Signature of SERC Coordinator: